



Medicare Beneficiary Database User Interface (MBD UI) User Guide

DRAFT

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1 INTRODUCTION

1.1 Purpose

This manual is designed to familiarize and enable users to efficiently view and navigate the Medicare Beneficiary Database User Interface (MBD UI) system. The manual is designed to assist the user in trouble shooting problems and answering questions. Note: Additional support questions and/or concerns can be answered through the MBD helpdesk, which is referenced in a later section.

1.2 Background

The Centers for Medicare and Medicaid Services (CMS) is moving toward an information-centered approach for record keeping, with an initial focus on beneficiary data. The objective of this approach is to establish a common enterprise-wide information solution that will provide for better data integration throughout the Medicare program. The realization of this objective will significantly improve the way beneficiary information is stored, maintained, and reported.

The MBD was created to provide CMS a centralized database that is able to communicate with other systems while being able to view, manage, and report beneficiary information. Once fully populated and integrated with other systems, the MBD will be the authoritative source of beneficiary information. The MBD application provides full support for the wide array of benefit plans and beneficiary choices. The beneficiary information contained in the MBD is used to support managed care enrollments and payments to Medicare Advantage (MA) organizations. The present MBD arrangement is a client server type of application and can only be accessed by installing the MBD client on the user's machine.

The purpose of the MBD UI system is to develop a web-based interface that is easily accessible through the internet. This system will eliminate the necessity to install the MBD client on a user's machine and enable a secure connection via the internet.

1.3 Scope

This document is intended to provide a comprehensive guide, enabling users to utilize the MBD UI system to its full extent. It is meant for the principal users of the systems, which include CMS personnel from central and regional offices, Medicare Customer Service Centers (MCSC), and Medicare Advantage (MA) organizations.

1.4 Reference Documents

The following document is used as a reference in the creation of this user manual and can be consulted for further detailed information.

- MBD User Manual for Managed Care Organizations/Plans
- CMS Applications Portal User Guide

2 SYSTEM OVERVIEW

The MBD UI system allows users to request and receive beneficiary. The MBD UI system contains the data necessary to provide a complete insurance profile of each beneficiary. Customer Service Representatives (CSRs) can use this data to provide comprehensive responses to public inquiries regarding health insurance questions or issues.

The application will have two types of access: inquiry and update (further enhancement). Currently, the application only allows inquiry access; inquiry access is for the viewing of beneficiary information. Eventually, update access will be available; update access will allow authorized users to update beneficiary information, in addition, to viewing beneficiary information.

The MBD UI includes the following components:

- Mode of access: Inquiry
- Tabs
- Unique beneficiary information

2.1 Information Display

The beneficiary information displayed for users will be determined based on a user's role. A user's role can be defined as one of the following roles:

- **Plan Member (PLM)** - This role is used when the requested Health Insurance Claim Number (HICN) belongs to a beneficiary that is currently enrolled in the user's plan. On the enrollment information (contracts), the user is only allowed to view contracts that match their user profile defined in Individuals Authorized Access to the CMS Computer Services (IACS), with the exception of Fee-for-Service enrollments
- **Non-Plan Member (PLN)** - This role is used when the requested HICN belongs to a beneficiary that is NOT currently enrolled in the user's plan. On the enrollment information (contracts), the user is only allowed to see contracts that match their profile defined in IACS, with the exception of Fee-for-Service enrollments. If the beneficiary was never enrolled on any of the user's contracts, only Fee-for-Service enrollments will be accessible.
- **Prescription Drug Plan Member (PDP)** - This role is used when all the contracts defined in the IACS user profile are for a standalone PDP (contracts that start with the letter 'S'). If the user has a mix of contracts ("H", "S" for MA, PDP), then the MBD UI will use the PLM role. On the enrollment information (contracts), the user is only allowed to see contracts that match their profile defined in IACS, with the exception of Fee-for-Service enrollments.
- **Central Office Inquiry (COI)** - This is a specialized role reserved for the Point-of-Sale (POS) Contractor only. Under this role, the user has the authority to view almost every available data element on the MBD UI.

2.2 Application Layout

The application's data layout is outlined in five tabs:

- Bene Profile
- Entitlement
- Coverage
- Medicaid
- Part D Subsidy

Refer to Figure 1, which displays the layout of the MBD UI application.

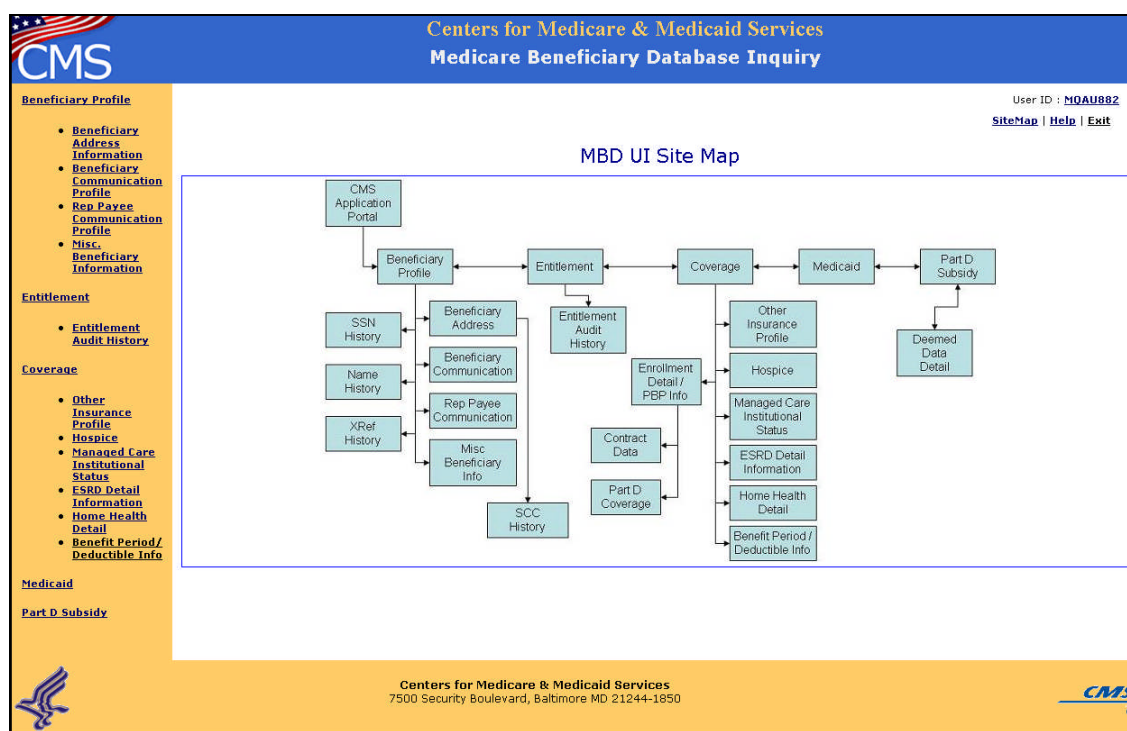


Figure 1: MBD UI Site Map

2.3 Unique Beneficiary Information

At the top of each tab is an area of information that remains constant from tab to tab. This information includes the key fields used to identify the beneficiary and includes the beneficiary's:

- HICN
- Social Security Number (SSN)
- Sex and Source code
- Date of birth
- Name and Source code.

The screenshot shows a web application interface. At the top, there is a tab labeled 'INQUIRY'. Below it, there is a section for 'Enter HICN:' with a text input field and a 'Submit' button. Below this, there are several sub-tabs: 'Bene Profile', 'Entitlement', 'Coverage', 'Medicaid', and 'Part D Subsidy'. The 'Bene Profile' tab is currently selected. Under this tab, there are input fields for 'HICN:', 'SSN:', 'Last Name:', 'First Name:', 'DOB:', 'MI:', 'Sex:', and 'Src:'. There is also a 'Print' link. Blue brackets on the left and right sides of the form indicate the 'Tab Header' area.

Figure 2: Tab Header

Table 1: Field Name Descriptions

Fields	Description
HICN	Beneficiary's HICN Consists of Claim Account Number and Beneficiary Identification Code.
SSN	Beneficiary's Social Security number Or Beneficiary Own Number as assigned by the SSA.
Sex	Beneficiary's sex. F Female M Male U Unknown
Src	Source feed for the beneficiary's sex code information.
DOB	Beneficiary's date of birth.
Last Name	Beneficiary's last name.
First Name	Beneficiary's first name.
MI	Beneficiary's middle initial.
Src	Source feed for the last name of the beneficiary.

2.4 Additional Attributes

Each page within the MBD UI application offers additional features to further assist a user through application navigation.

- Site Map
- Help
- Exit
- Print

Site Map: A visual index of the MBD UI's contents (illustrated in Figure 1).

Help: Online assistance will be available to give an explanation of the format required for entering a HICN (illustrated below).

Exit: Enables users to easily exit the MBD UI application.

Figure 3: User Assistance Links

Print: Enables users to print screen information.

Figure 4: Help Pop-Up

3 Application Admission

The MBD UI is accessible to users through the CMS Applications Portal. Only authorized personnel are able to access the MBD UI system and security rights are based on user roles. If questions and/or problems occur with the MBD UI system, please contact the MBD helpdesk at MBDUser@cms.hhs.gov.

To gain access to the MBD application, you must provide a User ID and password.

- If you do not have authority to view a particular MBD element, asterisks (***) display in that field.
 - If your user role does not have authority for an element like updating, adding, or deleting, the element will not be functional.
- A. In order to acquire access to beneficiary applications, the users must logon the CMS website at <https://applications.cms.hhs.gov> and proceed through the web page illustrated below.

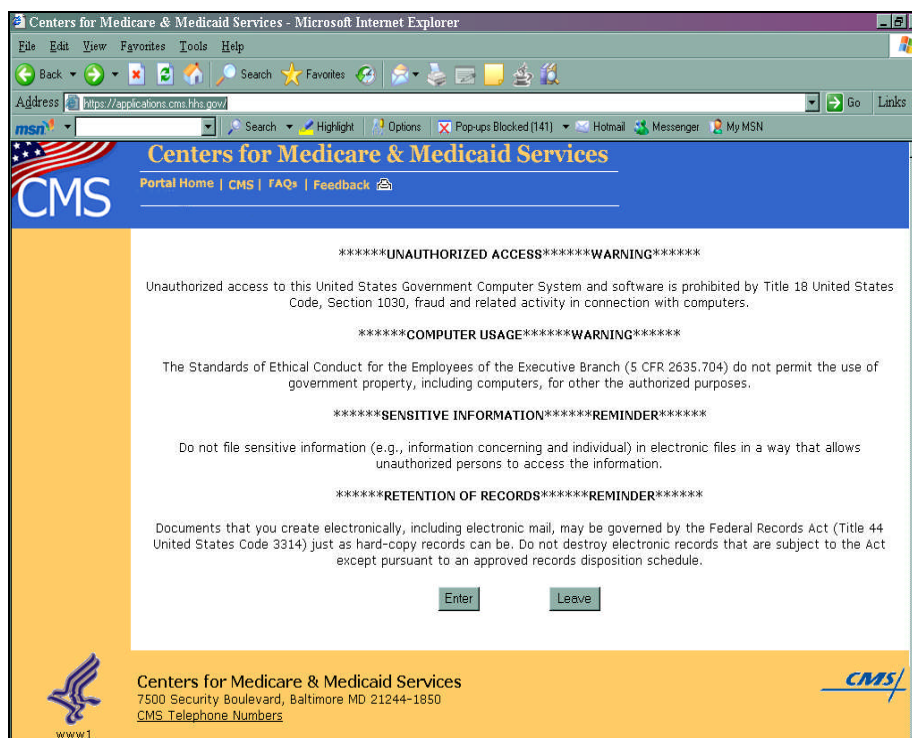


Figure 5: CMS Applications Website

- B. Once the Enter button is selected, the user is taken to the CMS Applications Portal Main Page that contains navigation links for IACS users, plans, and providers.

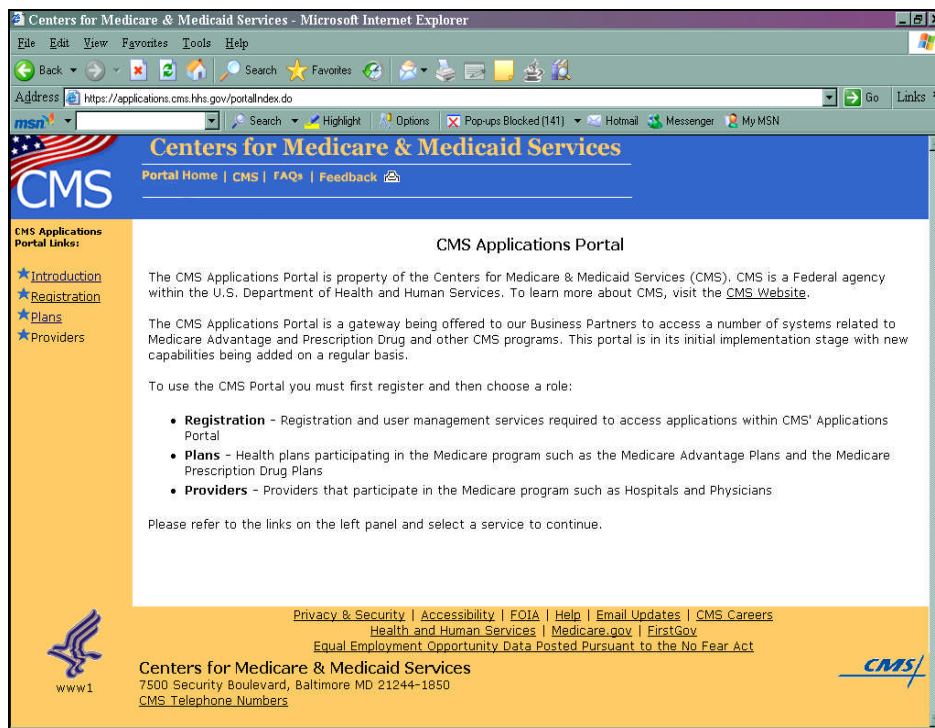


Figure 6: CMS Applications Portal Main Page

- C. Double-click the “Plans” hyperlink from the side menu bar, under CMS Applications Portal links.

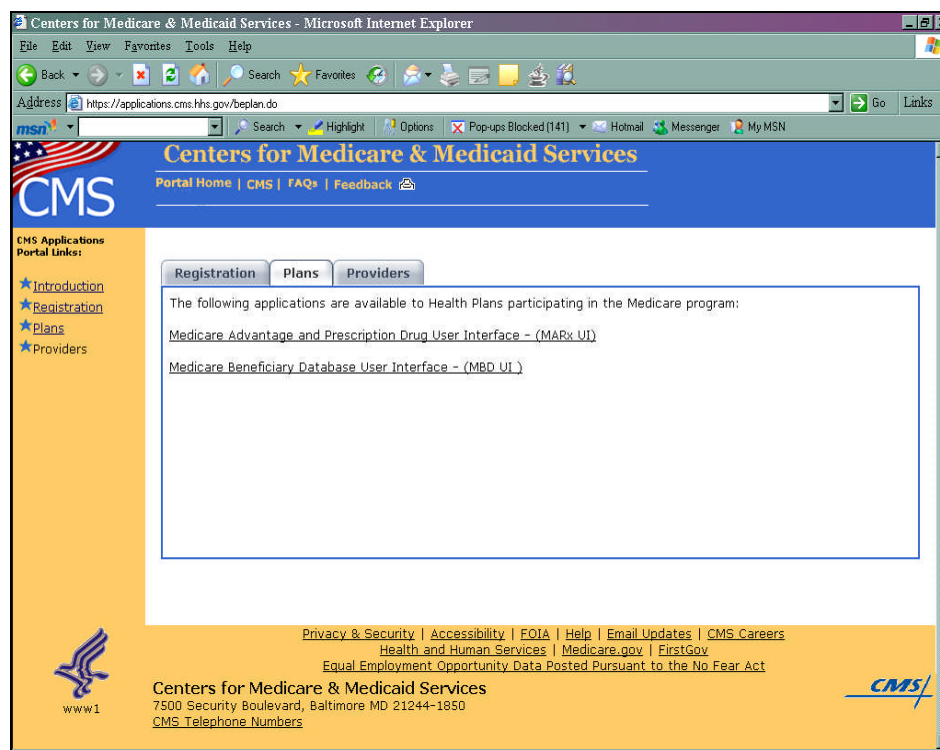


Figure 7: Medicare Applications Selection Screen

- D. Double-click on the “Medicare Beneficiary Database User Interface - (MBD UI)” hyperlink.
- E. Enter Username and Password, and then click Log In.

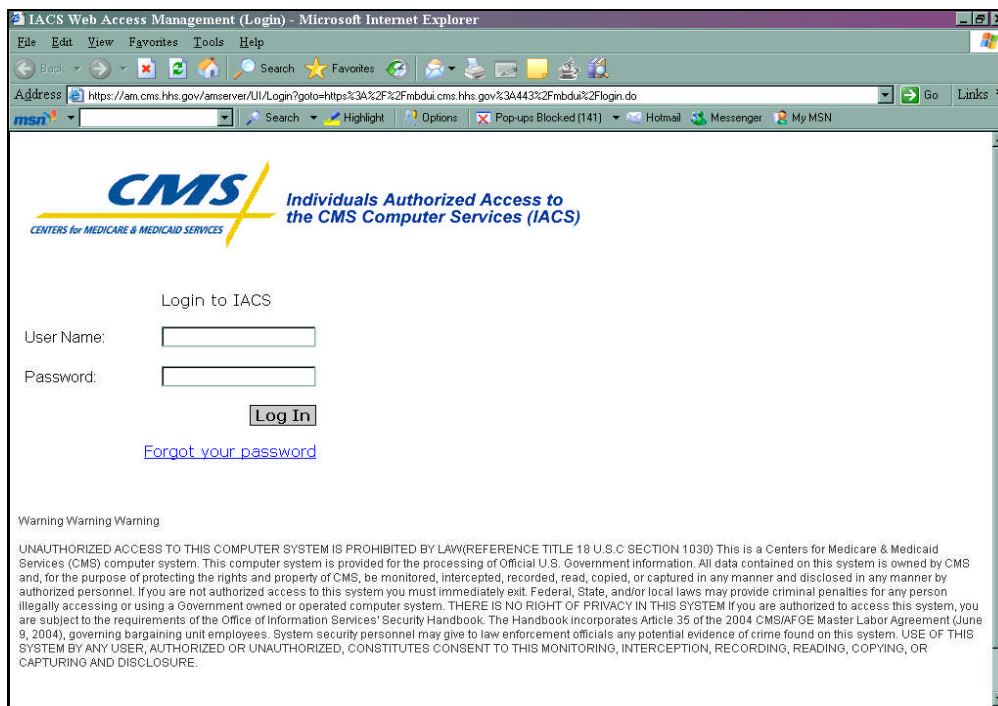


Figure 8: IACS Logon

4 User Access

4.1 Display Inquiry

After a user successfully passes authentication, the **Beneficiary (Bene) Profile Inquiry** screen will be displayed (illustrated in Figure 10).

- The Bene Profile Inquiry screen will display the HICN field.
- The Bene Profile Inquiry screen displays the User ID, retrieved from the Enterprise Security Management System (ESMS).
- To initiate a request, a HICN in Railroad Retirement Board (RRB) or Social Security Act (SSA) format must be entered in the HICN field.
- The user will have access to a pop-up option that displays all contract numbers that are assigned to the User ID. In order to access this pop-up option, the user must double-click on their User ID in the upper right-hand corner of the screen.

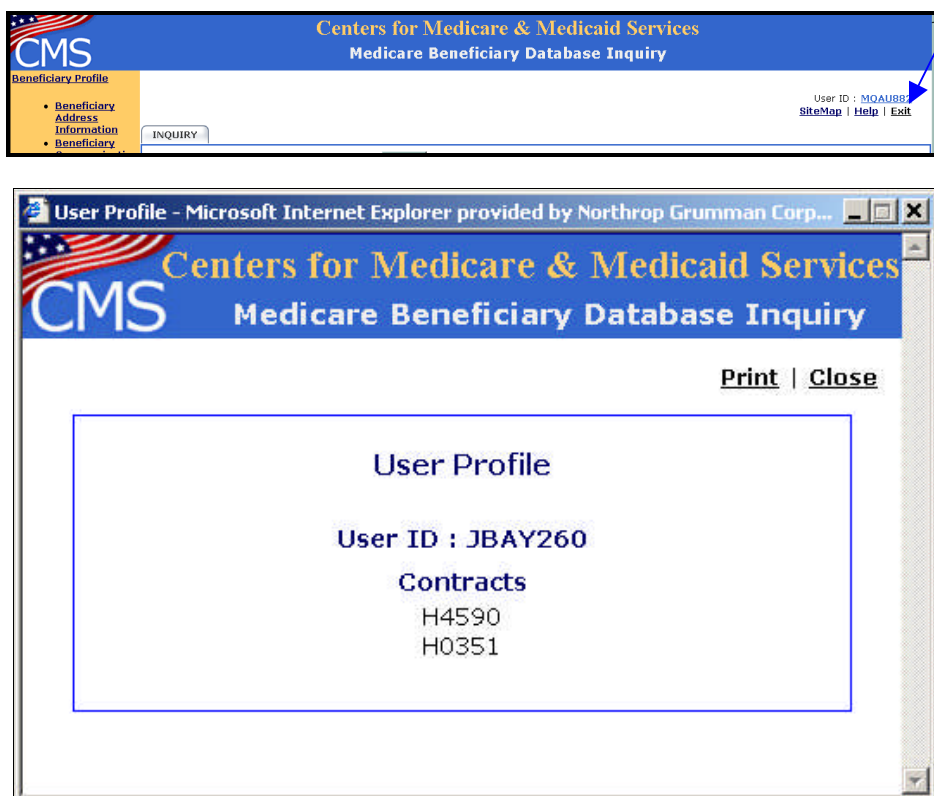


Figure 9: User Profile Contract Pop-Up

4.2 Inquiry Validation

When a Bene Profile request is submitted, MBD UI determines if the HICN is entered in a valid format (RRB or SSA). If the request is incorrectly submitted, the following will display:

- A “HICN required” message displays when a Bene Profile Inquiry request is initiated without entering a HICN.
- “Invalid HICN has been entered” error message displays when a Bene Profile Inquiry request is initiated with one of the following:
 - A HICN less than 6 characters in length.
 - A HICN greater than 12 characters in length.

4.3 Data Retrieval

MBD Application Programming Interface (API) returns the data requested from the operational database and performs the functions listed below.

- Converts a valid identified RRB HICN to the SSA format.
- Performs a cross-reference lookup when an inactive HICN is entered.
- Performs an Equitable Beneficiary Identification Code (BIC) lookup when an inactive HICN is entered.

4.4 Display Response

After the information is successfully retrieved, the requested HICN is displayed as entered in a separate and protected HICN field on the MBD UI screen. When a user’s role is authenticated the requested data will display according to the specific role defined.

- MBD UI follows the rules defined in Section 2.1 for each inquiry submitted allowing the proper and authorized data to display.
- When the User is not authorized to view the beneficiary data, the field is masked with asterisks “*” to indicate that there is data.
 - MBD UI displays a field as blank when there is no beneficiary data in that field.
- The MBD UI displays an RRB HICN in the converted SSA format.
- The MBD UI displays a warning message and the response received when any of the following conditions are encountered:
 - Cross-reference lookup when an inactive HICN is entered.
 - Equitable BIC lookup when an inactive HICN is entered.
 - No HICN found when a HICN in the SSA format is entered.

Once the MBD UI has displayed the requested data, the cursor shall be positioned in the HICN field to enable the User to enter a new HICN for another Bene Profile Inquiry.

Note: MBD UI does not have update functionality for any of the data fields.

5 MBD UI Components

5.1 Beneficiary Profile

This tab, named Bene Profile, provides information to identify Medicare beneficiaries uniquely. This section presents all the subsets of this tab.

The screenshot displays the Medicare Beneficiary Database Inquiry (MBDI) web application. The browser window shows the URL <https://mbdui.cms.hhs.gov/mbdui/login.do>. The page title is "Centers for Medicare & Medicaid Services Medicare Beneficiary Database Inquiry". A blue arrow points to the "Beneficiary Profile" link in the left sidebar. The main content area shows the "Bene Profile" tab selected, with fields for HICN, SSN, DOB, Last Name, First Name, MI, Sex, and Src. Below these are fields for XREF, Rep Payee, Rep Payee Name, Date of Death, DOD Proof Code, DOD Source, and Verify Day of Death. At the bottom, there is a table for "Current Entitlement" with columns for Pt A, Pt B, Pt D, Effective Date, Termination Date, Status, and Enroll Reason.

Figure 10: Beneficiary Profile Inquiry Screen

Bene Profile Information	
Fields	Description
XREF	Cross reference number – the beneficiary's previous HICN.
Rep Payee	Radio button indicating whether or not the beneficiary has designated a representative payee.
Rep Payee Name	Name of the representative payee.
Date of Death	Date of death (DOD).
DOD Proof Code	Date of death proof code.
DOD Source	Identifies the source feed (EDB) for the beneficiary's date of death information.
Verified Day of Death	Indicates whether or not a beneficiary's exact day of death has been verified.

Bene Profile Information	
Fields	Description
Current Entitlement (Part A/B/D):	
Effective Date	Medicare entitlement effective date for a beneficiary.
Termination Date	Medicare entitlement termination date for a beneficiary.
Status	Medicare entitlement status or non-entitlement reason.
Enroll Reason	Reason for a beneficiary's enrollment to benefits.

The screenshot displays the 'Centers for Medicare & Medicaid Services Medicare Beneficiary Database Inquiry' interface. The left sidebar contains a navigation menu with the following items: Beneficiary Profile, Beneficiary Address Information, Beneficiary Communication Profile, Rep Payee Communication Profile, Misc. Beneficiary Information, Entitlement, Entitlement Audit History, Coverage, Other Insurance Profile, Hospice, Managed Care Institutional Status, ESRD Detail Information, Home Health Detail, Benefit Period/Deductible Info, Medicaid, and Part D Subsidy. The main content area is titled 'Beneficiary Address Information' and contains two columns: 'Mailing Address' and 'Residence Address'. Each column has fields for City, State, Zip, Start Date, End Date, and Consular Code. Below these columns is a section for 'Current Valid SSA Codes' with fields for Type, Effective Date, SSA State Code, and SSA County Code. The top of the screen shows the CMS logo and the title 'Centers for Medicare & Medicaid Services Medicare Beneficiary Database Inquiry'. The bottom of the screen shows the footer 'Centers for Medicare & Medicaid Services'.

Figure 11: Beneficiary Address Information Screen

Beneficiary Address Information	
Fields	Description
Mailing Address/Residence Address	
Mailing Address	Six lines allotted for street address
City	City
State	State abbreviation
Zip	Zip code
Start Date	The date a new or corrected address becomes effective for a Medicare Beneficiary.
End Date	The date an address expires for a Medicare Beneficiary.
Consular Code	Code assigned to the American Consulate in a foreign country. This code identifies a foreign address in the MBD.
Source	Source of the mailing address.
Current Valid SSA Codes: Displays current valid State and County Code (SCC) information.	
Type	Current valid type. (M=Mailing, R=Residence, T=Override)
Effective Date	Current valid effective date.
SSA State Code	Current valid SSA state code.
SSA County Code	Current valid SSA county code.

Centers for Medicare & Medicaid Services
Medicare Beneficiary Database Inquiry

User ID : JBAY268
SiteMap | Help | Exit

Beneficiary Profile

- Beneficiary Address Information
- Beneficiary Communication Profile
- Base Payee Communication Profile
- Misc. Beneficiary Information

Entitlement

- Entitlement Audit History

Coverage

- Other Insurance Profile
- Hospice
- Managed Care Institutional Status
- ESRD Detail Information
- Home Health Detail
- Benefit Period/Deductible Info

Medicaid

Part D Subsidy

INQUIRY

Enter HICN:

Bene Profile | Entitlement | Coverage | Medicaid | Part D Subsidy

HICN:

SSN: DOB:

Last Name: Src:

First Name: MI: Sex: Src:

Beneficiary Communication Profile

Telephone Number: E-Mail Address:

Fax Number: EFT Address:

Language Preference: Src: Survey/Sample Cumulative Total:

Media Preference: Survey/Sample Participation Indicator:

Rec. Add Timestamp:

Medicare Handbook Information

Correspondence Type: Src:

Language Preference:

Media Preference:

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore MD 21244-1850

Done Internet

Figure 12: Beneficiary Communication Profile Screen

Beneficiary Communication Profile	
Fields	Description
Telephone Number	Telephone number of the beneficiary.
Fax Number	Fax telephone number of the beneficiary.
E-mail Address	E-mail address of the beneficiary.
EFT Address	Electronic Funds Transfer (EFT) address of the beneficiary.
Language Preference	Requested language for correspondence. Values are English and Spanish.
Media Preference	Requested form for correspondence. Values are Written, Audio, Spoken, and Braille.
Src	Source feed for the language preference. EDB Enrollment database CSR Customer Service Representative.
Survey/Sample Cumulative Total	Total of all surveys and samples in which a beneficiary has participated.
Survey/Sample Participation Indicator	Flag indicating if a beneficiary has chosen to participate in a survey or sample.
Rec Add Timestamp	System Date and Time that information was added.
Medicare Handbook Information	

Correspondence Type	Handbook
Src	Source feed for the language preference. EDB Enrollment database CSR Customer Service Representative
Language Preference	Requested language for the handbook. Values are English and Spanish.
Media Preference	Requested form for the handbook – or – suppress the mailing. Values are Audio, Braille, Handbook, Large Print Handbook, and Suppress Mailing.

The screenshot shows the 'Centers for Medicare & Medicaid Services Medicare Beneficiary Database Inquiry' interface. The left sidebar contains a navigation menu with categories like Beneficiary Profile, Entitlement, Coverage, Medicaid, and Part D Subsidy. The 'Rep Payee Communication Profile' link is highlighted with a blue arrow. The main content area displays the 'Rep Payee Communication Profile' form, which includes fields for Rep Payee Name, Telephone Number, Fax Number, E-Mail Address, EFT Address, and Survey/Sample Cumulative Totals. Below this is the 'Medicare Handbook Information' section with fields for Correspondence Type, Language Preference, and Media Preference. The top of the screen shows the CMS logo and the title 'Centers for Medicare & Medicaid Services Medicare Beneficiary Database Inquiry'. The bottom of the screen shows the CMS logo and the address '7500 Security Boulevard, Baltimore MD 21244-1850'.

Figure 13: Rep Payee Communication Profile Screen

Rep Payee Communication Profile	
Field	Description
Rep Payee Name	Name of the beneficiary's representative payee.
Telephone Number	Telephone number of the beneficiary's representative payee.
Fax Number	Fax telephone number for the beneficiary's representative payee.
E-mail Address	E-mail address of the beneficiary's representative payee.
EFT Address	This data does not display due to security rules. EFT address of the beneficiary's representative payee.

Rep Payee Communication Profile	
Field	Description
Language Preference	Requested language for correspondence. Values are English and Spanish.
Media Preference	Requested form for correspondence. Values are Written, Audio, Spoken, and Braille.
Survey/Sample Cumulative Total	This data does not display due to security rules. Total of all surveys and samples in which a beneficiary has participated.
Survey/Sample Participation Indicator	This data does not display due to security rules. Flag indicating if a beneficiary has chosen to participate in a survey or sample.
Medicare Handbook Information	
Correspondence Type	This data does not display due to security rules. Handbook
Language Preference	This data does not display due to security rules. Requested language for the handbook. Values are English and Spanish.
Media Preference	This data does not display due to security rules. Requested form for the handbook – or – suppress the mailing. Values are Audio, Braille, Handbook, Large Print Handbook, and Suppress Mailing.
Src	This data does not display due to security rules. Source feed for the language preference. EDB Enrollment database CSR Customer Service Representative

Centers for Medicare & Medicaid Services
Medicare Beneficiary Database Inquiry

User ID : 3RAY268
SiteMap | Help | Exit

INQUIRY

Enter HICN:

Bene Profile | Entitlement | Coverage | Medicaid | Part D Subsidy

HICN:
 SSN: DOB:
 Last Name: Src:
 First Name: MI: Sex: Src:

Miscellaneous Beneficiary Information

Last Health Insurance Card Request Date:
 MBD Accretion Date:
 Date of Last EDB Update:
 Rec. Add Timestamp:
 SSA Benefit Payment Status Code:
 Medicare Qualified Govt. Employee (MQGE) Code:
 Combined US Foreign Earning Switch:
 Program Service Center(CSC) Code:
 CWF Host Site:

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7500 Security Boulevard, Baltimore MD 21244-1850

Figure 14: Miscellaneous Beneficiary Information Screen

Miscellaneous Beneficiary Information	
Fields	Description
Last Health Insurance Card Request Date	Last date a Medicare card was requested, either as a result of clerical request or change in Medicare entitlement that required that a new card be issued.
MBD Accretion Date	Date the beneficiary's record was added to the MBD database.
Date of Last EDB Update	Date of the last EDB update for this beneficiary.
Record Update Timestamp	System Date and Time that information was updated.
SSA Benefit Payment Status Code	Benefit Payment Status code.
Medicare Qualified Govt Employee (MQGE) Code	Status of a current or retired government employee who is currently entitled to Medicare coverage.
Combined US Foreign Earning Switch	Flag indicating whether a Medicare beneficiary's earnings from a foreign country, with which the US has an agreement, have been combined with earnings from the US to establish eligibility for benefits.
Program Service Center (PSC) Code	Flag identifying the Program Service Center where a beneficiary's social security claim account folder is maintained.

Miscellaneous Beneficiary Information	
Fields	Description
CWF Host Site	Flag identifying the Common Working File (CWF) location where a beneficiary's Medicare utilization records are maintained.

5.2 Entitlement

This tab provides data to determine an individual's entitlement to Medicare, specifically, the periods of Part A, B, and D enrollment coverage. This section presents all the subsets of this tab.

The screenshot displays the 'Centers for Medicare & Medicaid Services Medicare Beneficiary Database Inquiry' application. The 'Entitlement' tab is active, showing a form for entering beneficiary information and a table for entitlement data. The sidebar on the left lists various navigation options, with 'Entitlement' highlighted by a blue arrow. The main content area includes a search bar for HICN, a 'Submit' button, and a 'Print' link. Below the search fields, there are three tables for Part A Entitlement, Part B Entitlement, and Part D Eligibility, each with columns for Effective Date, Termination Date, Status, and Enrollment Reason.

Figure 15: Entitlement Screen

Entitlement Tab Information	
Fields	Description
Part A/B/D Entitlement	
Effective Date	Medicare entitlement effective date for a beneficiary.
Term Date	Medicare entitlement termination date.
Status	Medicare entitlement status or non-entitlement reason for a beneficiary. Click on the Heading Label of this field to see a list of the codes and descriptions.
Enrollment Reason	Code used by SSA to reflect information about a specific enrollment. Based upon equitable relief. Click on the Heading Label of this field to see a list of the codes and descriptions.

Centers for Medicare & Medicaid Services
Medicare Beneficiary Database Inquiry

User ID : JBAY260
SiteMap | Help | Exit

INQUIRY

Enter HICN:

Bene Profile | **Entitlement** | Coverage | Medicaid | Part D Subsidy

HICN: DOB:

SSN:

Last Name: Src:

First Name: MI: Sex: Src:

Entitlement Audit History

Part A Entitlement Audit History

Effective Date	Termination Date	Status	Enroll Reason	Non Entl Reason	Start SRC	End SRC
Start Create Timestamp End Create Timestamp Audit Create Timestamp Audit SRC						

Part B Entitlement Audit History

Effective Date	Termination Date	Status	Enroll Reason	Non Entl Reason	Start SRC	End SRC
Start Create Timestamp End Create Timestamp Audit Create Timestamp Audit SRC						

Display Options

☒ All
☐ Audit Only

Sort Options

☐ Effective Date
☒ Process Date

Centers for Medicare & Medicaid Services

Figure 16: Entitlement Audit History Screen

Entitlement Audit History Window Information	
Fields	Description
HICN	Beneficiary's HICN, consisting of CAN and BIC.
Effective Date	Entitlement effective date.
Termination Date	Entitlement termination date.
Status Code	Entitlement status for a beneficiary.
Enroll Reason (<i>Part A and B Only</i>)	Code used by SSA to reflect information about a specific Part A or Part B enrollment and is based upon equitable relief. Click on the Heading Label of this field to see a list of the codes and descriptions..
Non-Entl Reason (<i>Part A and B Only</i>)	Code used to provide information about why a beneficiary is not entitled to benefits. Click on the Heading Label of this field to see a list of the codes and descriptions.
Eligibility Reason (<i>Part D Only</i>)	Identifies the reason for Part D Eligibility. The reason is established when the Part D Eligibility is determined.
Start Create Timestamp	Date and time the entitlement period was added in the MBD.
Start Source (Src)	Source that added the entitlement period.
End Create Timestamp	Date and time the entitlement period was terminated in the MBD.

Entitlement Audit History Window Information	
Fields	Description
End Source (Src)	Source that terminated the entitlement period.
Audit Create Timestamp	Date and time the entitlement period was audited in the MBD.
Audit Source (Src)	Source that audited the entitlement period.

5.3 Coverage

This tab provides information about Beneficiary Service Delivery Elections and additional coverage elections, such as Hospice, ESRD, and Home Health. This section presents all the subsets of this tab.

The screenshot displays the 'Centers for Medicare & Medicaid Services Medicare Beneficiary Database Inquiry' interface. The left sidebar contains a navigation menu with the following items: Beneficiary Profile, Address Information, Beneficiary Communication Profile, Rep. Payee Communication Profile, Misc. Beneficiary Information, Entitlement, Entitlement Audit History, Coverage (highlighted with a blue arrow), Other Insurance Profile, Hospice, Managed Care Institutional Status, ESRD Detail Information, Home Health Detail, Benefit Period/Deductible Info, Medicaid, and Part D Subsidy. The main content area features an 'INQUIRY' section with a 'Submit' button. Below this is a 'Coverage' tab. The 'Coverage' section includes a table for 'MCO Beneficiary Service Delivery Elections' with columns: Delivery Option, Contract Number, Enrollment Effective Date, Disenrollment Effective Date, and Audit Indicator. Below this table is a section for 'Other Coverage' with columns: Effective Date and Termination Date. The footer of the page contains the CMS logo and the text: 'Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore MD 21244-1850'.

Figure 17: Coverage Screen

Coverage Tab	
Fields	Description
MCO Beneficiary Service Delivery Elections	
Delivery Option	Describes the service delivery election chosen by the beneficiary. If none is chosen, the MBD creates a default Fee-For-Service period. Values are: HCPP Cost/Healthcare Prepayment Plan CCP Coordinated Care Plan PFFS Private Fee-For-Service Demo Demonstration FFS Fee-For-Service
Contract Number	Contract number for the plan in which the beneficiary is enrolled.
Enrollment Date	Date on which the beneficiary enrolled in the plan.
Disenrollment Date	Date on which the beneficiary disenrolled from a plan.

Coverage Tab	
Fields	Description
Audit Indicator	Flag indicating whether the enrollment information is audited A Audited V Valid
Audit History?	Radio button defaults to No. No View valid enrollment periods only Yes View current and audited enrollment periods
Other Coverage	
Hospice/ESRD/Home Health	
Effective Date	Start date of the beneficiary's period of hospice coverage.
Termination Date	Termination date of the beneficiary's period of hospice coverage.
ESRD	
Effective Date	Date on which the beneficiary is entitled to Medicare, in some part, because of a diagnosis of ESRD.
Termination Date	Date on which the beneficiary is no longer entitled to Medicare under ESRD provisions.
Buttons	Description
+ (next to Hospice)	Displays details of the Hospice displayed in the Other Coverage area of this window (<i>Figure 18</i>).
+ (next to ESRD)	Displays details of the ESRD displayed in the Other Coverage area of this window (<i>Figure 19</i>).
+ (next to Home Health)	Displays the Home Health screen for authorized users only. Button is disabled if there is no data to view (<i>Figure 20</i>)

Centers for Medicare & Medicaid Services
Medicare Beneficiary Database Inquiry

User ID : MQAU882
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Beneficiary Profile

- Beneficiary Address Information
- Beneficiary Communication Profile
- Rep Payee Communication Profile
- Misc. Beneficiary Information

Entitlement

- Entitlement Audit History

Coverage

- Other Insurance Profile
- Hospice
- Managed Care Institutional Status
- ESRD Detail Information
- Home Health Detail
- Benefit Period/Deductible Info

Medicaid

Part D Subsidy

INQUIRY

Enter HICN:

Benef Profile **Entitlement** **Coverage** **Medicaid** **Part D Subsidy**

HICN: DOB: [Print](#)

SSN:

Last Name: Src:

First Name: MI: Sex: Src:

Hospice Detail Information

Effective Date	Termination Date	Provider Number	Rvctn Code	Rec Add Timestamp

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Figure 18: Hospice Detail Information (Coverage Screen)

Centers for Medicare & Medicaid Services
Medicare Beneficiary Database Inquiry

User ID : MQAU882
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Beneficiary Profile

- Beneficiary Address Information
- Beneficiary Communication Profile
- Rep Payee Communication Profile
- Misc. Beneficiary Information

Entitlement

- Entitlement Audit History

Coverage

- Other Insurance Profile
- Hospice
- Managed Care Institutional Status
- ESRD Detail Information
- Home Health Detail
- Benefit Period/Deductible Info

Medicaid

Part D Subsidy

INQUIRY

Enter HICN:

Benef Profile **Entitlement** **Coverage** **Medicaid** **Part D Subsidy**

HICN: DOB: [Print](#)

SSN:

Last Name: Src:

First Name: MI: Sex: Src:

ESRD Detail Information

Coverage Effective Date	Coverage Termination Date	Start Src	Termination Reason	Rec Add Timestamp

Self-Care Training Date	Rec Add Timestamp

Dialysis Effective Date	Dialysis Termination Date	Rec Add Timestamp

Transplant Effective Date	Transplant Fail Date	Rec Add Timestamp

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Figure 19: ESRD Detail Information (Coverage Screen)

Centers for Medicare & Medicaid Services
Medicare Beneficiary Database Inquiry

User ID : MQAU882
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Beneficiary Profile

- Beneficiary Address Information
- Beneficiary Communication Profile
- Rep Payee Communication Profile
- Misc. Beneficiary Information

Entitlement

- Entitlement Audit History

Coverage

- Other Insurance Profile
- Hospice
- Managed Care Institutional Status
- ESRD Detail Information
- Home Health Detail
- Benefit Period/Deductible Info

Medicaid

Part D Subsidy

INQUIRY

Enter HICN:

Home Health Detail Information

Start Date	End Date	Earliest Bill Date	Latest Bill Date	Contractor Number	Patient Status Code	Provider Number

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Figure 20: Home Health Detail Information (Coverage Screen)

Centers for Medicare & Medicaid Services
Medicare Beneficiary Database Inquiry

User ID : JBAY260
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Beneficiary Profile

- Beneficiary Address Information
- Beneficiary Communication Profile
- Rep Payee Communication Profile
- Misc. Beneficiary Information

Entitlement

- Entitlement Audit History

Coverage

- Other Insurance Profile
- Hospice
- Managed Care Institutional Status
- ESRD Detail Information
- Home Health Detail
- Benefit Period/Deductible Info

Medicaid

Part D Subsidy

INQUIRY

Enter HICN:

Other Insurance Profile

Med Cvr Type Code	Effective Date	Termination Date	Primary Insurance Type	MSP Src	Policy Number	Rec. Add Timestamp	COB Contract Number

Insurer Name: Insurer Address (Line 1): Insurer Address (Line 2):

Insurer City: Insurer State: Insurer Zip:

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<https://mbd.cms.hhs.gov/mbd/otherinsurance.do>

Figure 21: Other Insurance Coverage Profile Screen

Other Insurance Profile Window Information	
Fields	Description
Medical Cvrgr Type Code	P=Primary S=Supplemental
Effective Date	Date on which the beneficiary's MSP or Supplemental coverage begins.
Termination Date	Date on which the beneficiary's MSP or Supplemental coverage is terminated.
Primary Insurance Type	Type of primary insurance. Click on the Heading Label of this field to see a list of the codes and descriptions.
MSP Src	This code identifies the source that is responsible for updating the beneficiary MSP information.
Policy Number	The identifier for the group coverage plan in which the beneficiary is enrolled.
Rec Add Timestamp	System Date and Time that information was added.
COB Contract Number	The coordination of Benefit Agreement (COBA) is a legal and binding contractual agreement between an insurer and HCFA for the exchange of eligibility-specific information to HCFA for cross-over of paid claims information to the insurer. The contract number identifies the insurer.
Insurer Name	The name of the group coverage plan in which the beneficiary is enrolled.
Insurer Address (Line 1)	The first line of the insurer's mailing street address.
Insurer Address (Line 2)	The second line of the insurer's mailing street address.
Insurer City	The name of the city for the insurer's mailing address.
Insurer State	The postal state code for the insurer's mailing address.
Insurer Zip	The zip code associated with the address.

Centers for Medicare & Medicaid Services
Medicare Beneficiary Database Inquiry

User ID : JBAY260
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Beneficiary Profile

- Beneficiary Address Information
- Beneficiary Communication Profile
- Rep Payee Communication Profile
- Misc. Beneficiary Information

Entitlement

- Entitlement Audit History

Coverage

- Other Insurance Profile
- Hospice**
- Managed Care Institutional Status
- ESRD Detail Information
- Home Health Detail
- Benefit Period/Deductible Info

Medicaid

Part D Subsidy

INQUIRY

Enter HICN:

Bene Profile **Entitlement** **Coverage** **Medicaid** **Part D Subsidy**

HICN: DOB: [Print](#)

SSN:

Last Name: Src:

First Name: MI: Sex: Src:

Hospice Detail Information

Effective Date	Termination Date	Provider Number	Rvctn Code	Rec Add Timestamp

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<https://mbdai.cms.hhs.gov/mbdai/hospice.do>

Figure 22: Hospice Detail Information Screen

Hospice Detail Information	
Fields	Description
Effective Date	Start date of the beneficiary's period of hospice coverage.
Termination Date	Termination date of the beneficiary's period of hospice coverage.
Provider Num	The unique identifier for the hospice from which the beneficiary received care.
Rvctn Code	This code identifies the election of a beneficiary to terminate the use of hospice.
Rec Add Timestamp	System Date and Time that information was added.

Centers for Medicare & Medicaid Services
Medicare Beneficiary Database Inquiry

User ID : JBAY260
[SiteMap](#) | [Help](#) | [Exit](#)

Beneficiary Profile

- Beneficiary Address Information
- Beneficiary Communication Profile
- Rep Payee Communication Profile
- Misc. Beneficiary Information

Entitlement

- Entitlement Audit History

Coverage

- Other Insurance Profile
- Hospice
- Managed Care Institutional Status
- ESRD Detail Information
- Home Health Detail
- Benefit Period/Deductible Info

Medicaid

Part D Subsidy

INQUIRY

Enter HICN:

Benef Profile **Entitlement** **Coverage** **Medicaid** **Part D Subsidy**

HICN: DOB: [Print](#)

SSN:

Last Name: Src:

First Name: MI: Sex: Src:

Managed Care Institutional Status Information

MCO Nursing Home Certifiable

Effective Date	Termination Date	Audit Indicator
Start Create Timestamp	Start Src	End Create Timestamp
End Src	Audit Create Timestamp	Audit Src

MCO Institutional Status

Effective Date	Termination Date	Audit Indicator
Start Create Timestamp	Start Src	End Create Timestamp
End Src	Audit Create Timestamp	Audit Src

Audit History?

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<https://mbdai.cms.hhs.gov/mbdai/managedcare.do>

Figure 23: Managed Care Institutional Status Information Screen

Managed Care Institutional Status Window Information	
Fields	Description
Effective Date	Date the beneficiary's health status would warrant nursing home inpatient care, but the beneficiary chose to remain in a non-institutional residence.
Termination Date	Last date that the beneficiary's health status would warrant nursing home inpatient care, after which rectification will be required.
Audit Indicator	Flag indicating whether the period is audited. Values are: A Audited V Valid
Start Create Timestamp	Date and time the period was added in the GHP.
Start Src	Source that was added to the period.
End Create Timestamp	Date and time the period was terminated in the GHP.
End Src	Source that terminated the period.
Audit Create Timestamp	Date and time the period was audited in the GHP.
Audit Src	Source that audited the period.

Centers for Medicare & Medicaid Services
Medicare Beneficiary Database Inquiry

User ID : JBAY260
[SiteMap](#) | [Help](#) | [Exit](#)

Beneficiary Profile

- Beneficiary Address Information
- Beneficiary Communication Profile
- Rep Payee Communication Profile
- Misc. Beneficiary Information

Entitlement

- Entitlement Audit History

Coverage

- Other Insurance Profile
- Hospice
- Managed Care Institutional Status
- ESRD Detail Information**
- Home Health Detail
- Benefit Period/Deductible Info

Medicaid

Part D Subsidy

INQUIRY

Enter HICN:

Bene Profile | **Entitlement** | **Coverage** | **Medicaid** | **Part D Subsidy**

HICN: DOB: [Print](#)

SSN:

Last Name: Src:

First Name: MI: Sex: Src:

ESRD Detail Information

Coverage Effective Date	Coverage Termination Date	Start Src	Termination Reason	Rec Add Timestamp
Self-Care Training Date		Rec Add Timestamp		
Dialysis Effective Date	Dialysis Termination Date	Rec Add Timestamp		
Transplant Effective Date	Transplant Fail Date	Rec Add Timestamp		

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Done Internet

Figure 24: ESRD Detail Information Screen

End Stage Renal Disease (ESRD) Detail Window Information	
Fields	Description
Coverage Effective Date	Date on which the beneficiary is entitled to Medicare, in some part, because of a diagnosis of ESRD.
Coverage Termination Date	Date on which the beneficiary is no longer entitled to Medicare under ESRD provisions.
Start Src	Source of the information that establishes Medicare-based ESRD coverage. Click on the Heading Label of this field to see a list of the codes and descriptions.
Rec Add Timestamp	System Date and Time that information was added.
Self-Care Training Date	Date the first instance of ESRD self-care training occurred.
Dialysis Effective Date	Date the ESRD Dialysis started.
Dialysis Termination Date	Date the ESRD Dialysis ended.
Transplant Effective Date	Date the kidney transplant operation occurred.
Transplant Fail Date	Date the kidney transplant operation failed.

Centers for Medicare & Medicaid Services
Medicare Beneficiary Database Inquiry

User ID : JBAY260
[SiteMap](#) | [Help](#) | [Exit](#)

Beneficiary Profile

- Beneficiary Address Information
- Beneficiary Communication Profile
- Rep Payee Communication Profile
- Misc. Beneficiary Information

Entitlement

- Entitlement Audit History

Coverage

- Other Insurance Profile
- Hospice
- Managed Care Institutional Status
- ESRD Detail Information
- Home Health Detail
- Benefit Period/Deductible Info**

Medicaid

Part D Subsidy

INQUIRY

Enter HICN:

Home Health Detail Information

Start Date	End Date	Earliest Bill Date	Latest Bill Date	Contractor Number	Patient Status Code	Provider Number

HICN: SSN: DOB: [Print](#)

Last Name: First Name: MI: Src: Sex: Src:

Figure 25: Home Health Detail Information Screen

Centers for Medicare & Medicaid Services
Medicare Beneficiary Database Inquiry

User ID : JBAY260
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Beneficiary Profile

- Beneficiary Address Information
- Beneficiary Communication Profile
- Rep Payee Communication Profile
- Misc. Beneficiary Information

Entitlement

- Entitlement Audit History

Coverage

- Other Insurance Profile
- Hospice
- Managed Care Institutional Status
- ESRD Detail Information
- Home Health Detail
- Benefit Period/Deductible Info**

Medicaid

Part D Subsidy

INQUIRY

Enter HICN:

Benefit Period/Deductible Information

Lifetime Reserve Days: Lifetime Psychiatric Days Remaining:

Part A Spell

Earliest Billing Date	Latest Billing Date	Inpatient Deductible Amount	Full Days Remaining	Coinurance Remaining

HICN: SSN: DOB: [Print](#)

Last Name: First Name: MI: Src: Sex: Src:

Figure 26: Benefit Period/Deductible Information Screen

5.4 Medicaid

This tab provides a profile of current and historical Medicaid eligibility periods for GHP, MSIS, and third party data. This section presents all the subsets of this tab.

Figure 27: Medicaid Screen

Medicaid Tab Information	
Fields	Description
GHP Medicaid Data	
Effective Date	Date that the beneficiary's Medicaid eligibility begins.
Termination Date	Date that the beneficiary's Medicaid eligibility was terminated.
Audit Ind	Flag indicating whether the GHP Medicaid period is audited. A Audited V Valid
Start Create Timestamp	Date and time the Medicaid period was added in the GHP.
Start Source (Src)	Source that added the Medicaid period.
End Create Timestamp	Date and time the Medicaid period was terminated in the GHP.
End Source (Src)	Source that terminated the Medicaid period.
Audit Source (Src)	Source that audited the Medicaid period.
Audit Create Timestamp	Date and time the Medicaid period was audited in the GHP.

Medicaid Tab Information	
Buttons	Description
Audit History?	Radio button defaults to No. The values are: No View valid Medicaid periods only Yes View current and audited Medicaid periods. Button is grayed out if there are no audited periods.

Medicaid Tab Information	
MSIS Medicaid Data	
Fiscal Year	Federal fiscal year that the beneficiary was entitled to Medicaid.
Quarter Number	Federal fiscal quarter that the beneficiary was entitled to Medicaid.
Month 1	Number of days the beneficiary was entitled to Medicaid in the first month of the quarter.
Month 2	Number of days the beneficiary was entitled to Medicaid in the second month of the quarter.
Month 3	Number of days the beneficiary was entitled to Medicaid in the third month of the quarter.
State Code	U.S. Postal Service abbreviation for the state that submitted the Medicaid data.
Dual Elig Description	Indicates coverage for individuals entitled to Medicare and eligible for some category of Medicaid benefits.

Medicaid Tab Information	
Third-Party Medicaid Data	
Mdcr Type Code	Medicare type code A Part A third party buy-in. B Part B third party buy-in.
Start Date	Start date of a private third party group's or state's liability for a beneficiary's Part A or Part B premium.
Term Date	Termination date of a private third party group's or state's liability for a beneficiary's Part A or Part B premium.
Prem Pyr Code	Part A: Identifier for a third-party agency (either a private group or a state buy-in agency) responsible for paying a beneficiary's Medicare Part A premium.

5.5 Part D Subsidy

This tab provides Deemed Data and Low Income Subsidy eligibility information. This section presents all the subsets of this tab.

Centers for Medicare & Medicaid Services
Medicare Beneficiary Database Inquiry

User ID : JBAY260
[SiteMap](#) | [Help](#) | [Exit](#)

INQUIRY
Enter HICN:

Part D Subsidy

HICN: DOB: [Print](#)

SSN: Last Name: Src:

First Name: MI: Sex: Src:

Part D Subsidy

Deemed Data

Start Date	End Date	Audit Seq	Rec Add Timestamp	Rec Update Timestamp	Audit Src Code	Rec Audit Timestamp

Low Income Subsidy

Start Date	End Date	Source Code	Efctv Sw	Copay Level	Audit Seq

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<https://mbda.cms.hhs.gov/mbda/partdsubsidy.do>

Figure 28: Part D Subsidy Screen

Centers for Medicare & Medicaid Services
Medicare Beneficiary Database Inquiry

User ID : FPPW503
[SiteMap](#) | [Help](#) | [Exit](#)

INQUIRY
Enter HICN:

Part D Subsidy

HICN: DOB: [Print](#)

SSN: Last Name: Src:

First Name: MI: Sex: Src:

Deemed Data Detail

Deemed Data

Start Date	End Date	Audit Seq	Rec Add Timestamp
01/01/2006	12/31/2006	0	2006-02-02-13:25:00

Deemed Copayment Data

Start Date	End Date	Audit Seq	Copay Level ID	Src Cd	Rsn Cd	Rec Add Timestamp	Rec Update Timestamp	Audit Src Cd	Rec Audit Timestamp
01/01/2006	12/31/2006	0	1	1	8B	2006-02-02-13:25:00	2006-02-02-13:26:00	H1111	2006-02-02-13:25:00

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Figure 29: Deemed Data Detail Screen

Part D Subsidy	
Fields	Description
Deemed Data	
Deemed Start Date	Effective Start Date of the deeming period.
Deemed End Date	Effective End Date of the deeming period.
Audit Seq No	A number that indicates whether the occurrence has been audited.
Rec Add Timestamp	The date and time that the data was added.
Rec Update Timestamp	The date and time that the data was updated
Audit Src Cd	Identifies the source of the information that caused an audit action to occur
Rec Audit Timestamp	The date and time when the information was audited.
Low Income Subsidy Data	
Start Date	Date that the low income subsidy will begin.
End Date	Date that the low income subsidy will end.
Source Cd	A code indicating the source of the low income subsidy.
Efctv Sw	Switch indicating that this record is the current effective LIS determination record.
Copay Lvl	The identifier that indicates the generic level used to compute the copay amount
Audt Sqnc	A number that indicates whether the occurrence has been audited.

5.6 Additional Screen Pop-Ups

The screenshot shows the 'Centers for Medicare & Medicaid Services Medicare Beneficiary Database Inquiry' application. A pop-up window titled 'Contract Information' is displayed over the main form. The main form has a left sidebar with navigation links: Beneficiary Profile, Entitlement, Coverage, Medicaid, and Part D Subsidy. The main form also has a top navigation bar with 'INQUIRY' and 'Enter HICN:'. The pop-up window contains the following information:

Contract Type	Start Date	Contract Type End Date	Pay Bill Option Code	Bill Option Code Description
01/01/2006			40	40 5 5

Contract: S2005
 Name: TEST HEALTH & WELFARE TRUST
 Address: 1234 TESTING DRIVE
 City: WOODLAWN
 State: MD Zip: 212441234
 Scrub Sw: Y

Figure 30: Contract Information Pop-Up

The screenshot shows the 'Centers for Medicare & Medicaid Services Medicare Beneficiary Database Inquiry' application. A pop-up window titled 'Part D Coverage' is displayed over the main form. The main form has a left sidebar with navigation links: Beneficiary Profile, Entitlement, Coverage, Medicaid, and Part D Subsidy. The main form also has a top navigation bar with 'INQUIRY' and 'Enter HICN:'. The pop-up window contains the following information:

Part D Flag	Rx Bin	Rx ID Number	Rx Group Number	Rx PCN
Y	609876	PLANS2005RXIDNUMMAX#	PLANS2005GRPNU#	S2005PCNN#

Part D Coverage

Figure 31: Part D Coverage Pop-Up

Centers for Medicare & Medicaid Services
Medicare Beneficiary Database Inquiry

User ID : FPPW503
SiteMap | Help | Exit

Beneficiary Profile

- Beneficiary Address Information
- Beneficiary Communication Profile
- Rep Payee Communication Profile
- Misc. Beneficiary Information

Entitlement

- Entitlement Audit History

Coverage

- Other Insurance Profile
- Hospice
- Managed Care Institutional Status
- ESRD Detail Information
- Home Health Detail
- Benefit Period/Deductible Info

Medicaid

Part D Subsidy

Disenrollment Reason Code

- FAILURE TO PAY PREMIUM
- RELOCATION OUT OF PLAN SERVICE AREA - NO SPECIAL PROVISIONS
- FAILURE TO CONVERT TO RISK PROVISIONS
- FRAUD
- LOSS OF PART B ENTITLEMENT
- LOSS OF PART A ENTITLEMENT
- FOR CAUSE
- REPORT OF DEATH
- TERMINATION OF CONTRACT - CMS INITIATED
- TERMINATION OF CONTRACT - PLAN WITHDRAWAL
- VOLUNTARY DISENROLLMENT THROUGH PLAN
- VOLUNTARY DISENROLLMENT THROUGH DISTRICT OFFICE
- DISENROLLMENT BECAUSE OF ENROLLMENT IN ANOTHER PLAN
- RETROACTIVE
- TERMINATED IN ERROR BY CMS SYSTEMS
- END OF SCC CONDITIONAL ENROLLMENT PERIOD

Figure 32: Disenrollment Reason Code Pop-Up

Centers for Medicare & Medicaid Services
Medicare Beneficiary Database Inquiry

User ID : FPPW503
SiteMap | Help | Exit

Beneficiary Profile

- Beneficiary Address Information
- Beneficiary Communication Profile
- Rep Payee Communication Profile
- Misc. Beneficiary Information

Entitlement

- Entitlement Audit History

Coverage

- Other Insurance Profile
- Hospice
- Managed Care Institutional Status
- ESRD Detail Information
- Home Health Detail
- Benefit Period/Deductible Info

Medicaid

Part D Subsidy

SSN History

- 090909099
- 090909097
- 090909096
- 090909095
- 090909094
- 090909093
- 090909092
- 090909091

Current Entitlement

	Effective Date	Termination Date	Status	Enroll Reason
Pt A	09/01/2005	12/31/2007	G	G
Pt B	09/01/2005	12/31/2007	C	C
Pt D	01/01/2006	12/31/2007	G	G

Figure 33: SSN History Pop-Up

Figure 34: Name History Pop-Up

Figure 35: Cross Reference History Pop-Up

The screenshot displays the CMS Medicare Beneficiary Database Inquiry interface. On the left, a navigation menu includes sections for Beneficiary Profile, Entitlement, Coverage, Medicaid, and Part D Subsidy. The main area shows a form for entering beneficiary information (HICN, SSN, Last Name, First Name) and effective dates. A pop-up window titled "Part A Entitlement Status" is open, displaying a list of entitlement reasons with their corresponding codes. The background interface includes a header with the CMS logo and a footer with contact information.

Part A Entitlement Status

C	NO LONGER ENTITLED DUE TO DISABILITY CESSATION
E	FREE PART A ENTITLEMENT
G	ENTITLED DUE TO GOOD CAUSE
S	TERMINATED, NO LONGER ENTITLED UNDER ESRD PROVISION
T	TERMINATED FOR NON-PAYMENT OF PREMIUMS
W	VOLUNTARY WITHDRAWAL FROM PREMIUM COVERAGE
X	FREE PART A TERMINATED OR REFUSED HI
Y	CURRENTLY ENTITLED, PREMIUM IS PAYABLE

Figure 36: Part A Entitlement Status Pop-Up

The screenshot displays the CMS Medicare Beneficiary Database Inquiry interface. On the left, a navigation menu includes sections for Beneficiary Profile, Entitlement, Coverage, Medicaid, and Part D Subsidy. The main area shows a form for entering beneficiary information (HICN, SSN, Last Name, First Name) and effective dates. A pop-up window titled "Part A Enrollment Reason Code" is open, displaying a list of enrollment reasons with their corresponding codes. The background interface includes a header with the CMS logo and a footer with contact information.

Part A Enrollment Reason Code

N/A	PART A DATA IS GENERATED AT AGE 64, 8 MONTHS
A	ATTAINMENT OF AGE 65
B	EQUITABLE RELIEF
D	DISABILITY - UNDER AGE 65 ENTITLEMENT
G	GENERAL ENROLLMENT PERIOD
I	INITIAL ENROLLMENT PERIOD
J	MOQE ENTITLEMENT
K	RENAL DISEASE NOT REASON FOR ENTIT PRIOR TO 65 OR 25TH MO OF DISABILITY
L	LATE FILING
M	TERM BASED ON RENAL ENTIT BUT ENTIT BASED ON DISABILITY CONTINUES

Figure 37: Part A Enrollment Reason Code Pop-Up

The screenshot displays the CMS Medicare Beneficiary Database Inquiry interface. On the left is a navigation menu with sections: Beneficiary Profile, Entitlement, Coverage, Medicaid, and Part D Subsidy. The main area shows a form with fields for HICN, SSN, Last Name, and First Name. A 'Part B Entitlement Status' pop-up window is open, listing various entitlement reasons with their corresponding codes. The background interface includes a 'Print' button and a 'Close' button for the pop-up.

Part B Entitlement Status

C	NO LONGER ENTITLED DUE TO CESSATION OF DISABILITY
F	TERMINATED DUE TO INVALID ENROLLMENT OR ENROLLMENT VOIDED
G	ENTITLED DUE TO GOOD CAUSE
S	TERMINATED, NO LONGER ENTITLED UNDER ESRD PROVISION
T	TERMINATED FOR NON-PAYMENT OF PREMIUMS
W	VOLUNTARY WITHDRAWAL FROM COVERAGE
Y	CURRENTLY ENTITLED, PREMIUM IS PAYABLE

Figure 38: Part B Entitlement Status Pop-Up

The screenshot displays the CMS Medicare Beneficiary Database Inquiry interface. On the left is a navigation menu with sections: Beneficiary Profile, Entitlement, Coverage, Medicaid, and Part D Subsidy. The main area shows a form with fields for HICN, SSN, Last Name, and First Name. A 'Part B Enrollment Reason Code' pop-up window is open, listing various enrollment reasons with their corresponding codes. The background interface includes a 'Print' button and a 'Close' button for the pop-up.

Part B Enrollment Reason Code

B	EQUITABLE RELIEF
C	GOOD CAUSE
D	DEEMED DATE OF BIRTH
F	WORKING AGED
G	GENERAL ENROLLMENT PERIOD
I	INITIAL ENROLLMENT PERIOD
K	RENAL DISEASE NOT REASON FOR ENTIT PRIOR TO 65 OR 25TH MO OF DISABILITY
M	TERM BASED ON RENAL ENTIT - ENTIT BASED ON DISABILITY CONTINUES
R	RESIDENCY REQUIREMENTS ARE INVOLVED
S	STATE BUY-IN
U	UNKNOWN


Figure 39: Part B Enrollment Pop-Up

The screenshot displays the CMS Medicare Beneficiary Database Inquiry interface. On the left is a navigation menu with sections: Beneficiary Profile, Entitlement, Coverage, Medicaid, and Part D Subsidy. The main area shows a form with fields for HICN, SSN, Last Name, First Name, DOB, MI, Sex, and Source (Src). Below the form is the 'Entitlement Audit History' section, which includes a table with columns for Effective Date and Termination Date. A pop-up window titled 'Part A Non-Entitlement Reason Code' is overlaid on the right side of the screen, listing reasons: D (COVERAGE WAS DENIED), F (TERMINATED DUE TO INVALID ENROLLMENT OR ENROLLMENT VOIDED), H (NOT ELIGIBLE FOR FREE PART A, OR DID NOT ENROLL FOR PREMIUM PART A), N (NOT VALID SSA HICN USED BY 3RD PARTY SYS FOR POTENTIAL PTA ENTIT DATE), and R (REFUSED BENEFITS). The background interface shows the 'Entitlement' tab selected, with the HICN field populated with 'JTEST009A' and the SSN field with '381990763'.

Figure 40: Part A Non-Entitlement Reason Code Pop-Up

The screenshot displays the CMS Medicare Beneficiary Database Inquiry interface, similar to Figure 40, but with the 'Part B Non-Entitlement Reason Code' pop-up window overlaid. The pop-up lists reasons: D (COVERAGE WAS DENIED), N (NOT VALID SSA HICN USED BY 3RD PARTY SYS FOR POTENTIAL PTA ENTIT DATE), and R (REFUSED BENEFITS). The background interface shows the 'Entitlement' tab selected, with the HICN field populated with 'JTEST009A' and the SSN field with '381990763'. The 'Entitlement Audit History' section is visible, showing a table with columns for Effective Date, Termination Date, Status, Enroll Reason, Non Entl Reason, Start SRC, and End SRC. The table contains data for the period 09/01/2005 to 12/31/2007.

Figure 41: Part B Non-Entitlement Reason Code Pop-Up



Centers for Medicare & Medicaid Services

Medicare Beneficiary

Primary Insurance Type - Microsoft Internet Explorer provided by Northrup Gr...

Beneficiary Profile

- Beneficiary Address Information
- Beneficiary Communication Profile
- Rep Payee Communication Profile
- Misc. Beneficiary Information

Entitlement

- Entitlement Audit History

Coverage

- Other Insurance Profile
- Hospice
- Managed Care Institutional Status
- ESRD Detail Information
- Home Health Detail
- Benefit Period/Deductible Info

Medicaid

Part D Subsidy

INQUIRY

Enter HICN:

Benef Profile
Entitlement
Coverage
Medicaid
Part D Subsidy

HICN:

SSN:

Last Name:

First Name: MI:

Other Ins

Med Cvg Type Code	Effective Date	Termination Date	Primary Insurance Type	MSP Src
P	01/09/2005	01/31/2005	01	004
S	01/01/2005	01/30/2005	42	004

Insurer Name
MSP MSP INS # 00001
BOI INSURER # 00001


Insurer Address (Line 1)
544 RODEN RD
5A N MAIN ST

Insurer City
CORBIN
CONCORD

Insurer State
KY
NH

Insurer Address (Line 2)
OPPOSITE TO SHOPPING CENTER ABCD
OPPOSITE TO BEST BUY STORE 12345

Insurer Zip
407018867
033014928



Centers for Medicare & Medicaid Services

7500 Security Boulevard, Baltimore MD 21244-1850





Figure 42: Primary Insurance Type Pop-Up



Centers for Medicare & Medicaid Services

Medicare Beneficiary Database Inquiry

User ID : FPPW503
[SiteMap](#) | [Help](#) | [Exit](#)

Beneficiary Profile

- [Beneficiary Address Information](#)
- [Beneficiary Communication Profile](#)
- [Reg Payee Communication Profile](#)
- [Misc. Beneficiary Information](#)

Entitlement

- [Entitlement Audit History](#)

Coverage

- [Other Insurance Profile](#)
- [Hospice](#)
- [Managed Care Institutional Status](#)
- [ESRD Detail Information](#)
- [Home Health Detail](#)
- [Benefit Period/Deductible Info](#)

Medicaid

Part D Subsidy

INQUIRY
Submit


Enter HICN:

HICN:

SSN:

Last Name:

First Name:



Centers for Medicare & Medicaid Services

Medicare Beneficiary Database Inquiry

[Print](#) | [Close](#)

ESRD Termination Reason Code

- A MONTH OF TRANSPLANT PLUS 36 MONTHS
- B LAST MONTH OF CHRONIC DIALYSIS
- C PART A TERMINATION
- D DEATH
- E ESRD ENDED: OTHER VERIFIED SOURCE

[Print](#)

EDB

M Src: EDB

Coverage Effective Date	Rec Add Timestamp
10/01/2005	2005-10-14-16.15.28.639300
09/01/2005	2005-10-14-16.15.28.639300
08/01/2005	2005-10-14-16.15.28.639300
07/01/2005	2005-10-14-16.15.28.639300
06/01/2005	2005-10-14-16.15.28.639300
05/01/2005	2005-10-14-16.15.28.639300
04/01/2005	2005-10-14-16.15.28.639300
03/01/2005	2005-10-14-16.15.28.639300
02/01/2005	2005-10-14-16.15.28.639300
01/01/2005	2005-10-14-16.15.28.639300

Dialysis Effective Date	Dialysis Termination Date	Rec Add Timestamp
10/01/2005	10/31/2005	***
09/01/2005	09/30/2005	***
08/01/2005	08/30/2005	***
07/01/2005	07/31/2005	***
06/01/2005	06/30/2005	***
05/01/2005	05/31/2005	***
04/01/2005	04/30/2005	***
03/01/2005	03/31/2005	***
02/01/2005	02/28/2005	***
01/01/2005	01/31/2005	***

Transplant Effective Date	Transplant Fail Date	Rec Add Timestamp
10/01/2005	10/31/2005	***
09/01/2005	09/30/2005	***
08/01/2005	08/30/2005	***
07/01/2005	07/31/2005	***
06/01/2005	06/30/2005	***
05/01/2005	05/31/2005	***
04/01/2005	04/30/2005	***
03/01/2005	03/31/2005	***
02/01/2005	02/28/2005	***
01/01/2005	01/31/2005	***

Figure 43: ESRD Termination reason Code Pop-Up

The screenshot displays the Medicare Beneficiary Database Inquiry interface. A pop-up window titled "Part A Enrollment Reason Code" is open, showing the "ESRD Start Source Code" section. The pop-up lists six options (A-F) for ESRD start source codes. The background interface shows the "Beneficiary Profile" section with fields for HICN, SSN, Last Name, and First Name. The "Coverage" section shows a table of "Coverage Effective Date" and "Dialysis Effective Date". The "Medicaid" section shows a table of "Transplant Effective Date".

ESRD Start Source Code
NO ESRD INVOLVEMENT
A PART A AND DIALYSIS TRAINING
B PART A AND DIALYSIS - NO 3 MONTH WAIT
C PART A AND 3 MONTHS AFTER DIALYSIS
D PART A AND FUNCTIONING TRANSPLANT
E PART A AND MONTH OF PRE-TRANSPLANT STAY
F PART A AND ESRD - VERIFIED SOURCE

Coverage Effective Date
10/01/2005
09/01/2005
08/01/2005
07/01/2005
06/01/2005
05/01/2005
04/01/2005
03/01/2005
02/01/2005
01/01/2005

Dialysis Effective Date	Dialysis Termination Date	Rec Add Timestamp
10/01/2005	10/31/2005	***
09/01/2005	09/30/2005	***
08/01/2005	08/30/2005	***
07/01/2005	07/31/2005	***
06/01/2005	06/30/2005	***
05/01/2005	05/31/2005	***
04/01/2005	04/30/2005	***
03/01/2005	03/31/2005	***
02/01/2005	02/28/2005	***
01/01/2005	01/31/2005	***

Transplant Effective Date	Transplant Fail Date	Rec Add Timestamp
11/01/2005	10/31/2005	2005-10-14-17.34.15.641359

Figure 43: ESRD Start Source Code Pop-Up

The screenshot displays the Medicare Beneficiary Database Inquiry interface. A pop-up window titled "State and County Code History" is open, showing a table of state and county codes and their history. The background interface shows the "Beneficiary Profile" section with fields for HICN, SSN, Last Name, and First Name. The "Coverage" section shows a table of "Coverage Effective Date" and "Dialysis Effective Date". The "Medicaid" section shows a table of "Transplant Effective Date".

FIPS ST	FIPS CO	SSA ST	SSA CO	Start Date	End Date
26	155	23	770	01/01/2006	12/31/2006
26	155	23	770	09/09/2005	12/31/2005
45	001	42	000	08/09/2005	09/08/2005
18	039	15	190	07/09/2005	08/08/2005
06	071	05	460	06/09/2005	07/08/2005
25	013	22	070	06/09/2004	06/08/2005
42	115	39	700	06/09/2003	06/08/2004
13	051	11	220	06/09/2002	06/08/2003
05	069	04	340	06/09/2001	06/08/2002
02	020	02	020	06/09/2000	06/08/2001
50	025	47	120	06/09/1999	06/08/2000

City	State	Zip
CORUNNA	MI	48871762
CHARLOTTESVILLE	VA	229025851

Figure 43: State and County Code History Pop-Up

Appendix A - ACRONYMS

Acronym/Term	Description
API	Application Programming Interface
BIC	Beneficiary Identification Code
BR	Business Requirements
CMS	Centers for Medicare and Medicaid Services
ESMS	Enterprise Security Management System
HICN	Health Insurance Claim Number
HTTP	Hypertext Transport Protocol
IACS	Individual Access to the CMS Computer Services
MA	Medicare Advantage
MBD	Medicare Beneficiary Database
MCSC	Medicare Customer Service Center
MQ	Message Queue
NG	Northrop Grumman Corporation
PLM	Plan Member
PLN	Plan Non-Member
RRB	Railroad Retirement Board
SSA	Social Security Act
SR	System Requirements
SSL	Secure Socket Level
UI	User Interface
URL	Uniform Resource Locator